

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. MARINA MAN-CHUN TSE**

Mailing Address **11075 HILLHAVEN AVE**

City	State	Zip Code
TUJUNGA	CA	91042-1419

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**UNIVERSITY OF SOUTHERN CALIFORNIA**

Occupation  
**PROFESSOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.123676**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

**B. Full Name (Last, First, Middle Initial)**

**BAO TU**

Mailing Address **1566 DENALI WAY**

City	State	Zip Code
SAN JOSE	CA	95122-2401

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**635.00**

**Transaction ID : SA17.124027**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

**C. Full Name (Last, First, Middle Initial)**

**BAO TU**

Mailing Address **1566 DENALI WAY**

City	State	Zip Code
SAN JOSE	CA	95122-2401

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**635.00**

**Transaction ID : SA17.124033**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		07		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

**Subtotal Of Receipts This Page (optional)**.....

**2750.00**

**Total This Period (last page this line number only)**.....